The Difference Card

Reversal of Employer/Administrator HSA Contribution Form

Only an employer or administrator should complete this form to request the correction of a contribution made by the employer or administrator in error. All prior year contribution reversal requests must be corrected by April 15.

Fax completed form to:
866.287.2022

Mail completed form to:
WealthCare Saver
P.O. Box 162177
Altamonte Springs, FL 32716

Section 1: Administrator / Employer Information

ADMINISTRATOR NAME | EMPLOYER NAME

CONTACT NAME | CONTACT EMAIL | TELEPHONE NUMBER

STREET ADDRESS

CITY | STATE | ZIP CODE

Section 2: Account Holder Information

LAST NAME | FIRST NAME | MIDDLE INITIAL

ACCOUNT NUMBER (13 digits beginning with 314) | ___ - ___ - ___ SOCIAL SECURITY NUMBER

STREET ADDRESS

CITY | STATE | ZIP CODE

Complete Next Page ›

Section 3: Contributions

CONTRIBUTION AMOUNT	DATE	CURRENT YEAR	PRIOR YEAR	EMPLOYER CONTRIBUTION	EMPLOYEE CONTRIBUTION	AMOUNT TO BE REVERSED
_____	_____	☐	☐	☐	☐	_____
_____	_____	☐	☐	☐	☐	_____
_____	_____	☐	☐	☐	☐	_____

Section 4: ACH Instructions

ACH to the account below

_____ _____ _____

BANK NAME ROUTING NUMBER ACCOUNT NUMBER

For administrative use only:

Contribution Reversal CY Employee – (TC 224)
Contribution Reversal PY Employee – (TC 231)
Contribution Reversal CY Employer – (TC 244)
Contribution Reversal PY Employer – (TC 255)

Section 5: Signature

By submitting this form you are requesting that WealthCare Saver return funds that you the employer have contributed to the account holder's HSA in error. You certify and acknowledge under penalty of perjury, this information is true and correct and may be relied upon by WealthCare Saver to correct your contribution error. You also acknowledge that you have not received any tax or legal advice from WealthCare Saver and that you have sought or will seek the advice of your own tax or legal counsel to ensure your compliance with related laws. You release and agree to hold WealthCare Saver harmless against any and all claims or losses arising from WealthCare Saver following the request made by this form.

_____ _____ / _____ / _____

EMPLOYER SIGNATURE DATE

*WealthCare Saver is a dba of Alegeus Technologies, LLC, a licensed Non-Bank Custodian